

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				51			
2	1		1			52			
3		1		1		53			
4	3		3			54			
5	3		1			55			
6	1					56			
7	1		1			57			
8	2		2			58			
9	2		2			59			
10	2		2			60			
11	2		2			61			
12	2		2			62			
13	2		2			63			
14	1					64			
15						65			
16				1		66			
17				1		67			
18	1		1			68			
19	1		1			69			
20						70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.		1	3	1		TOTAL IND.			
TOTAL DEP.		2	2	2		TOTAL DEP.			
TOTAL CLAIMS		2	5	3		TOTAL CLAIMS			

BEST AVAILABLE COPY